



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Thimmappa SHIVANANDAPPA et al.

Appl. No.: 10/603,658

Confirmation No. 4020

Filed: June 26, 2003

For: COMPOUND AS
CHOLINESTERASE INHIBITOR
AND ITS ISOLATION FROM
FUNGUS SPOROTRICHUM
SPECIES

Art Unit: 1636

Examiner: Unassigned

Atty. Docket No.: 39562-189637

Customer No.

26694

PATENT TRADEMARK OFFICE

TRANSMITTAL OF SUPPLEMENTAL APPLICATION DATA SHEET

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Attached is a supplemental application data sheet. This is submitted the correct the first inventor's name to read Thimmappa SHIVANANDAPPA.

Respectfully submitted,

Date: 10/9/03

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SUPPLEMENTAL APPLICATION DATA SHEET

Application Information

Application Number:: Divisional of Appln. No. 10/107,806
Filing Date:: June 26, 2003
Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit:: 1625
CD-ROM or CD-R?::
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CFR)?::
Number of Copies of CFR::
Title:: A COMPOUND AS CHOLINESTERASE INHIBITOR
AND ITS ISOLATION FROM FUNGUS
SPOROTRICHUM SPECIES
Attorney Docket Number:: 39562-189637
Request for Early Publication?::
Request for Non-Publication?::
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?::
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Ord r in Parent Appl.::

Applicant Information

Applicant Authority Typ :: Inventor
Primary Citizenship:: India
Country:: INDIA
Status:: Full Capacity
Given Name:: Thimmappa
Middle Name::
Family Name:: SHIVANANDAPPA
Name Suffix::
City of Residence:: Karnataka
State or Province of Residence::
Country of Residence:: INDIA
Street of Mailing Address:: Mysore 570 013
City of Mailing Address:: Karnataka
State or Province of Mailing Address::
Country of Mailing Address:: INDIA
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship:: India
Country:: INDIA
Status:: Full Capacity
Given Name:: Avinash
Middle Name:: Prahalad
Family Name:: SATTUR
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence :: INDIA
Street of Mailing Address:: Mysore 570 013

City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::

INDIA

Applicant Authority Type:: Inventor
Primary Citizenship:: India
Country:: INDIA
Status:: Full Capacity
Given Name:: Shereen
Middle Name::
Family Name:: Shereen
Name Suffix::
City of Residence:: Karnataka
State or Province of Residence::
Country of Residence:: INDIA
Street of Mailing Address:: Mysore 570 013
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address:: INDIA
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship:: India
Country:: INDIA
Status:: Full Capacity
Given Name:: Soundar
Middle Name ::
Family Name :: DIVAKAR

Name Suffix::
City of Residence:: Karnataka
State or Province of Residence::
Country of Residence:: INDIA
Street of Mailing Address:: Mysore 570 013
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address:: INDIA
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship:: India
Country:: INDIA
Status:: Full Capacity
Given Name:: Nayakana
Middle Name:: Katte Ganesh
Family Name:: KARANTH
Name Suffix::
City of Residence:: Karnataka
State or Province of Residence::
Country of Residence:: INDIA
Street of Mailing Address:: Mysore 570 013
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address:: INDIA
Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer Number:: 26694
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Fax Number:: (202) 344-8300
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Representative Information

Representative Customer Number:: 26694

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application is a	Divisional of	10/107,806	March 28, 2002
	Continuation of		
	Continuation of		
	Continuation of		

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: Council of Scientific and Industrial Research
Street of Mailing Address:: Rafi Marg
City of Mailing Address:: New Delhi 110 001
State or Province of Mailing Address::
Country of Mailing Address:: INDIA
Postal or Zip Code of Mailing Address::

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